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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/606,555
Filing Date	6/29/00
First Named Inventor	Peter H. Seckel
Group Art Unit	1772
Examiner Name	Loney, Donald J.
Attorney Docket Number	7954/1

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client requested withdrawal as counsel — See attached letter.

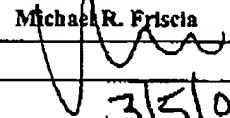
- ☐ The correspondence address is NOT affected by this withdrawal.
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☐ Customer Number CORRESPONDENCE ADDRESS Place Customer Number
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Firm or Individual Inventor	Peter H. Seckel - Seckel				
Address	Crane's Mill #315				
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City	West Caldwell	State	NJ	ZIP	07006-7464
Country	USA				
Telephone		Fax			

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name	Michael R. Friscia
Signature	
Date	3/5/03

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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DIRECTOR
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MAR 27 2003